

<b>CLAIM FOR FAMILY COVERAGE DEATH BENEFITS</b> <b>(Servicemembers' Group Life Insurance Family Coverage)</b>	<b>RETURN COMPLETED FORM TO:</b>  OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE (OSGLI) 290 WEST MT. PLEASANT AVENUE LIVINGSTON, NEW JERSEY 07039 TOLL FREE FAX: (877) 832-4943
<b>PART I - INFORMATION CONCERNING DECEASED FAMILY MEMBER</b>	
1. Name of Deceased (first, middle, last)	2. Social Security Number
3. Relationship to Servicemember	4. Date of Death
<b>PART II - INFORMATION CONCERNING CLAIMANT (SERVICEMEMBER)</b>	
5. Name (first, middle, last)	6. Date of Birth (mo, day, year)
7. Address	8. Social Security Number
9. Daytime Telephone Number  (        )        -	10. Preferred Method of Payment ( <i>check one</i> )  <div style="display: flex; justify-content: space-around;"> <span>ONE SUM</span> <span>36 EQUAL MONTHLY INSTALLMENTS</span> </div>
<b>PART III – CERTIFICATION BY CLAIMANT (SERVICEMEMBER)</b>	
11. I HEREBY CERTIFY that all the statements made in this claim are true to the best of my knowledge, information and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           SIGNATURE OF CLAIMANT            (SERVICEMEMBER) _____         </div> <div style="width: 35%;">           Date: _____         </div> </div>	
<b>WARNING</b> - Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than five years, or both (18 USC 1001).	

# INSTRUCTIONS TO CLAIMANTS

**THIS FORM IS TO BE USED WHEN THE DECEASED IS AN “INSURED DEPENDENT” OF A MEMBER OF A UNIFORMED SERVICE WHO IS INSURED UNDER THE SGLI PROGRAM.**

## PAYMENT OF DEATH BENEFITS

Any amount of insurance in force on an insurable dependent of a servicemember on the date of the dependent's death, shall be paid, upon the establishment of a valid claim

- to the servicemember or, in the event of the servicemember's death before payment can be made then,
- to the person or persons entitled to receive payment of the proceeds of SGLI insurance on the servicemember's life.

## EVIDENCE REQUIRED

In the event the insured dependent dies while the servicemember is serving on active duty or as a qualified member of the Ready Reserves, the Office of Servicemembers' Group Life Insurance (OSGLI) will be furnished with proof of death by the Uniformed Service. In all other situations, the claimant must submit a certified copy of the Certificate of Death.

You will be informed if it becomes necessary to submit other evidence.

If you need assistance in completing this claim form, please call the Customer Service Department at OSGLI at 1-800-419-1473 between the hours of 8:00 a.m. and 5:00 p.m.

